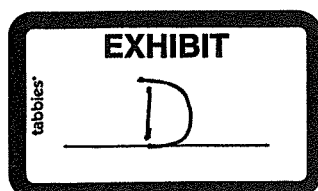


Strategy for Addressing Carve Out Counties

The four carve-out counties (Hinds, Hancock, Harrison, and Jackson) are addressed in the MSA specifically because of their needs that may be different from the rest of the State. Data reports indicate they are generally below other Regions performance-wise in several key areas, they have chronic staffing vacancies and retention problems, and substantial judicial issues. This plan is a short-term management strategy designed to move the 4 counties to a position of being able to carry out their core responsibilities timely and effectively and to make immediate improvements in a core set of practices/indicators. The key components of the plan are as follows:

- **Deploy short-term, full-time management teams to each of the 4 counties**
 - Teams will supplement, not replace existing management structure;
 - Teams will work directly with units/supervisors in the counties on expectations, monitoring, and quality of work;
 - Teams will focus on helping staff making improvements in a core set of practices/indicators;
 - Teams will monitor performance weekly and report weekly to the MDHS Executive Deputy Director on progress;
 - Teams will assist in bringing staffing/caseloads to needed levels and supporting new staff to become integrated into the workforce;
 - Teams will work with State Office staff to secure needed supports, e.g., training, policy clarifications, etc.; and
 - Teams should be in place until improvement becomes evident.
- **Focus work of county staff and monitoring on a set of 7 core practices that can be expected to address immediate needs and are cross-cutting with broader outcomes**
 - Recommended practices/indicators are tied to practice model components as follows in order to keep the focus on practice model implementation:
 - Caseworker visits with children
 - Caseworker visits with parents
 - Timely initiation/completion of reports of maltreatment (in custody and out of custody) and quality of investigations
 - Family Team Meetings
 - Timely/quality completion of CFAs
 - Timely/quality completion of Family Service Plans
 - Placement of children in unlicensed homes



- The rationale for focusing on a small number of core practices is that staff are trying to make improvements in many areas at once creating difficulty in doing it all well within a short period of time. The practices/indicators identified above are central to improvements in broader outcome areas; and, there is a need to establish core practices as the foundation for broader improvements.
 - CSF/DHS coaches will support management team in developing these practices by coordinating their activities and focus.
 - There is a need for clear messaging/communication/tracking of indicators.
 - Management team staff will review records, meet with units/workers, identify barriers to practices and help identify strategies to remove barriers.
- **State Office focuses support for the counties in the following key areas:**
 - Quickly bring caseloads into alignment with MSA standards. A strategy for addressing the caseload/staffing issues will need to be developed.
 - Ensure prompt training of new staff to move into caseloads/supervision.
 - Provide for onsite mentoring (possibly through the management team) of new staff and supervisors for court involvement in order to improve retention and performance. A strategy for addressing this and other court related barriers will need to be developed.
 - Ensure CQI liaisons for these counties are engaged in monitoring of the core practices and providing feedback to staff and management team (if CQI staff are not hired for these Regions, hire them quickly).
 - Focus DFCS resource development work on these 4 counties.
 - Ensure coordination among all involved contractors regarding the carve-out county plan, e.g., CSF, USM, Ole Miss, and Casey Family Programs.
 - Engage private providers that serve the 4 counties to focus on the resources needed to achieve goals.

Regional Teams:

- **Hinds County:** Mike Gallarno (lead), Angie Williams, Tam Garner, Darren Vandevender (will float among the counties)
- **Harrison County:** Carolyn Townes (lead), Hollie Jeffries
- **Jackson County:** Tammy Miller (lead), Rhonda Jones
- **Hancock County:** Carolyn Gremillion (lead), Henry Goodman, Mike Thornton

Each team will need to develop the following based on the circumstances of the individual county:

- Detailed roles/responsibilities of the management team, including who on the team will monitor/work on specific areas
- A strategy for case record reviews/data reviews
- Meeting schedule/agenda with units/supervisors
- Development of reports to RDs and the Executive Deputy Director
- Plans for initial and ongoing meetings with RD, supervisors, staff to explain roles and responsibilities
- Tools or processes for reviewing quality of investigations, home studies, assessments, FSPs, content of caseworker visits

Work Plan:

Overall responsibility: Assist the 4 carve-out Regions in making needed improvements in at least six core practice areas by monitoring and tracking progress, reviewing case records and pursuing improvement strategies, and reporting to the RD and Deputy Executive Director of MDHS.

Weekly activities:

- First day(s): Meet with RD, ASWSs, and staff to explain their roles, go over the indicators to be tracked, how they will work with staff
- Obtain baseline data (MACWIS) on the key indicators – if possible, by unit/worker in order to know where the Region stands regarding performance and needs for improvement. Some data may have to be obtained from sources other than MACWIS, i.e., Family Team Meetings, Family Service Plans, and Comprehensive Family Assessments.
- Establish improvement goals for each indicator and communicate them to staff as the goal is to achieve the performance level required in the MSA for year III.
- Meet with supervisors weekly to go over progress, identify where improvements are needed, and to review improvement strategies.
- Assign someone on the team to review/track each area: caseworker visits with children and parents, FSPs, CFAs, maltreatment investigations, FTMs, and placements in unlicensed homes (this is an added indicator).

- In addition to tracking numbers/timeliness of completion, review each area for quality of the work:
 - Use Practice Guides to ensure that time frames/content in the areas are as required in the MSA – develop checklists for each area to be sure requirements/quality are in place;
 - Review all investigations of maltreatment of children in foster care for thoroughness and quality (Possibly use the draft Maltreatment in Care instrument that we have developed for the CQI unit – not yet in use, but this initiative could pilot it – should coordinate with Cindy Greer and Rob)
 - Provide weekly feedback to supervisors, RD, and social workers on findings, where improvements are needed, and hand back reviewed work that needs revision.
- Identify any systemic barriers to making needed progress on the indicators and communicate these barriers to the RD and Executive Deputy Commissioner, e.g., equipment or space issues, issues with recruiting/hiring/retaining staff, supervisory issues, concerns about the accuracy of the data, court concerns, etc.
- Assist Region in resolving systemic issues, for example, by meeting with the judges or arranging for someone else to meet with them as needed, communicating needs to State Office (through a central point of contact so that trends in needs can be identified), etc.
- Coordinate activities with the work of the CSF and DHS practice coaches around the practice areas, and use, as needed, the CQI liaisons to assist in tracking and providing feedback.